



**DEPARTMENT OF INSURANCE
STATE OF ARIZONA**

Financial Affairs Division – Tax Unit
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) 364-3998
Fax: (602) 364-3989

2005 ANNUAL RETALIATORY TAX REPORT

FOREIGN TITLE INSURER

**DUE DATE: APRIL 15, 2006
or OCTOBER 15, 2006 WITH FILED EXTENSION**

ORIGINAL REPORT
AMENDED REPORT / REASON _____

Complete Company Name and Home Office Address	State of Incorporation
x	x
x	NAIC Number
x	NAIC Group Number
x	Federal I. D. Number
x	
Preparer's Name and Title:	E-Mail Address:
Toll Free or Collect Phone:	FAX:
Complete Mail Address:	

1) Total Retaliatory Amount Due From Page 2, Line 20 \$ _____ (Pay Code 04)

PAYMENT OPTIONS – CHECK ONLY ONE OPTION FOR REMITTANCE OF THE AMOUNT DUE ABOVE:

- ACH DELIVERY IN ACCORDANCE WITH THE FORMAT AND CONTENT PRESCRIBED IN FORM E-ACH.INSTRUCTION
- CHECK PAYABLE TO ARIZONA DEPARTMENT OF INSURANCE IS ENCLOSED WITH THIS REPORT.

MAIL THIS REPORT TO:

Attention: TAX UNIT

ARIZONA DEPARTMENT OF INSURANCE
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269

PREPARER CERTIFICATION	
I certify that I have prepared this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF PREPARER	DATE
NAME AND TITLE TYPED OR PRINTED	

COMPANY OFFICER CERTIFICATION	
I certify that I have examined this report. It is true, complete and correct to the best of my knowledge.	
SIGNATURE OF OFFICER	DATE
NAME AND TITLE TYPED OR PRINTED	

RETALIATORY TAXES AND FEES COMPUTATION

In the State of Incorporation Column, enter the amounts that a like Arizona insurer would be required to pay to your state of incorporation, using the Arizona business as the base amount for fees, assessments and taxes imposed. In the Arizona column, enter only amounts actually paid in 2005.	(B) STATE OF INCORPORATION	(C) ARIZONA
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Part 1: TAXES PAYABLE ON STATE OF INCORPORATION BASIS → ATTACH SUPPORTING DOCUMENTATION FOR ALL DEDUCTION AMOUNTS REPORTED

1.	Arizona Risk Premiums	\$ _____	(TI GROSS/TAX)
2.	State of Incorporation Premium Tax Rate	_____	
3.	Premium Tax Amount (Line 1 x Tax Rate)	\$ _____	
4.	Other Taxes or Obligations paid to State of Incorporation [DESCRIBE AND ATTACH DOCUMENTATION]		XXXXXXXXXXXXXXXXXX
	a)	\$ _____	
	b)	\$ _____	
5.	Add lines 3, 4a and 4b	\$ _____	
6.	Arizona State Income Tax liability for calendar year 2005 [ATTACH COPY OF CORPORATE INCOME TAX RETURN AND PROOF OF PAYMENT]	XXXXXXXXXXXXXXXXXX	\$ _____
7.	Subtotal #1: Retaliatory Tax Due (line 5, Column B, minus Line 6, Column C) <i>NOT LESS THAN ZERO</i>	\$ _____	XXXXXXXXXXXXXXXXXX

Part 2: FEES & ASSESSMENTS PAID IN 2005 → ATTACH COPIES OF PAYMENTS AND / OR SUPPORTING SCHEDULES FOR EACH ITEM REPORTED

8.	Certificate of Authority renewal fee paid in 2005	\$ _____	\$ 135.00
9.	Annual Statement filing fee paid in 2005	\$ _____	\$ 300.00
10.	Publication fees paid in 2005 [ATTACH INVOICE]	\$ _____	XXXXXXXXXXXXXXXXXX
11.	Policies, rates and forms filing fees	\$ _____	XXXXXXXXXXXXXXXXXX
12.	Registration Fees or Maintenance Fees	\$ _____	XXXXXXXXXXXXXXXXXX
13.	Agent fees, IF APPLICABLE. See instructions on Form E-AZ AGENTS and below. Enter TOTALS from below	\$ _____	\$ _____
14.	Other fees (filing articles, bylaws, amendments)	\$ _____	\$ _____
15.	Fraud Fund Assessments [ATTACH DOCUMENTATION]	\$ _____	\$ _____
16.	Other State of Incorporation Assessments [ATTACH DOCUMENTATION]	\$ _____	XXXXXXXXXXXXXXXXXX
17.	Subtotal #2 Fees & Assessments (Add lines 8 through 16)	\$ _____	\$ _____
18.	Subtotal #3 Retaliatory Fees Due (line 17 Column B minus line 17, Column C) <i>NOT LESS THAN ZERO</i>	\$ _____	
19.	Add lines 5 and 17, Column B	\$ _____	(DOM)
20.	Total Retaliatory Amount Due (line 7, Column B plus line 18). Carry Amount to Page 1, line 1.	\$ _____	(RT)

COMPANY AGENT FEES Line 13 ONLY INSURERS whose domiciliary state requires ARIZONA INSURERS to pay fees for the license, OR appointment OR termination of their agents in that state SHALL complete Form E-AZ AGENTS and attach it to this schedule. Complete only the columns that are applicable. For example, if your state requires insurers to only pay appointment fees, then complete only that column. After completing Form E-AZ-AGENTS, carry totals forward to applicable sections A and/or B and/or C below.

PLEASE VERIFY YOUR STATE'S REQUIREMENTS WITH THEIR INSURANCE DEPARTMENT AND YOUR COMPANY'S ACCOUNTING Department.

COMPLETE PART A BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT LICENSE FEES.

COMPLETE PART B BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT APPOINTMENT FEES.

COMPLETE PART C BELOW ONLY IF YOUR STATE OF INCORPORATION REQUIRES ARIZONA INSURERS TO PAY AGENT TERMINATION FEES.

		STATE OF INCORPORATION	ARIZONA
A.	Enter the figure from line 1 of Part D on Page 2 of FORM E-AZ AGENTS in BOTH Columns ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	#	#
	Enter the AGENT LICENSE FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	Enter \$ amount from line 2, Part D, on Page 2 of Form E-AZ AGENTS below
	Total 2005 agent license fees. Multiply the 2 lines above for the State of Incorporation column and enter the result.	\$	\$
B.	Enter TOTAL from COLUMN 3 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column ⇒⇒⇒⇒	#	↓
	Enter the AGENT APPOINTMENT FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	↓
	Total 2005 agent appointment fees. Multiply the 2 lines above and enter the result. ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	\$	↓
C.	Enter TOTAL from COLUMN 4 on Page 1 of FORM E-AZ AGENTS in STATE OF INCORPORATION Column ⇒⇒⇒⇒	#	↓
	Enter the AGENT TERMINATION FEE amount that was in effect in the State of Incorporation during 2005. (Do not include any late fees)	X \$	↓
	Total 2005 agent termination fees. Multiply the 2 lines above and enter the result. ⇒⇒⇒⇒⇒⇒⇒⇒⇒⇒	\$	↓
TOTALS - ENTER SUM OF SECTION A, B AND C TOTALS IN SHADED BOXES. CARRY THESE TOTALS TO LINE 13 ⇒⇒⇒⇒		\$	\$